



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142000001

CITY OR TOWN WEST STOCKBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2014

CLASS

YEAR

LICENSEE NAME: TRUC ORIENT EXPRESS, INC.

DOING BUSINESS AS

ADDRESS HARRIS ST.

CITY/TOWN: WEST STOCKBRIDGE STATE: MA ZIP CODE: 01266

MANAGER: DUONG, TRAI THI TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142000006

CITY OR TOWN WEST STOCKBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2014

CLASS

YEAR

LICENSEE NAME: WS PUBLIC MARKET LLC

DOING BUSINESS AS PUBLIC MARKET

ADDRESS MAIN ST WEST SIDE

CITY/TOWN: WEST STOCKBRIDGE STATE: MA ZIP CODE: 01266

MANAGER: LEOPOLD, ERICA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
L.

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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TELEPHONE NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142000008

CITY OR TOWN WEST STOCKBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2014

CLASS

YEAR

LICENSEE NAME: williams river retailers inc.

DOING BUSINESS AS williams river country store

ADDRESS 38 MAIN ST

CITY/TOWN: WEST STOCKBRIDGE STATE: MA ZIP CODE: 01266

MANAGER: mountain, tracy TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, ONE FOR RETAIL (DOWNSTAIRS BASEMENT FOR STORAGE)

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142000009

CITY OR TOWN WEST STOCKBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2014

CLASS

YEAR

LICENSEE NAME: GRAPES & GRAINS INC.

DOING BUSINESS AS QUEENSBORO WINE AND SPIRITS

ADDRESS 26 MAIN STREET

CITY/TOWN: WEST STOCKBRIDGE STATE: MA ZIP CODE: 01266

MANAGER: DIXON, STEVEN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
H.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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DATE:

TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142000018

CITY OR TOWN WEST STOCKBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2014

CLASS

YEAR

LICENSEE NAME: ROUGE, INC.

DOING BUSINESS AS

ADDRESS 3 CENTER STREET

CITY/TOWN: WEST STOCKBRIDGE STATE: MA ZIP CODE: 01266

MANAGER: MAGGIE C. MERELLE TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1800'S HOME CONVERTED INTO A COMMERCIAL RESTAURANT-EXPAND SEATING FROM 73-95

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142000019

CITY OR TOWN WEST STOCKBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2014

CLASS

YEAR

LICENSEE NAME: WENDT ENTERPRISES, INC.

DOING BUSINESS AS THE WILLIAMSVILLE INN

ADDRESS RTE 41 GREAT BARRINGTON RD

CITY/TOWN: WEST STOCKBRIDGE STATE: MA ZIP CODE: 01236

MANAGER: CLAUDINE BOGOMOLOW TYPE OF LICENSE: Innholder CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142000023

CITY OR TOWN WEST STOCKBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2014

CLASS

YEAR

LICENSEE NAME: SHAKER MILL TAVERN, INC

DOING BUSINESS AS SHAKER MILL TAVERN

ADDRESS 5 ALBANY ROAD

CITY/TOWN: WEST STOCKBRIDGE STATE: MA ZIP CODE: 01266

MANAGER: LUCHI, DONINICK TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol  
A. JR.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF A 1ST FLOOR, OUTSIDE DECK AND PATIO. THE 1ST FLOOR HAS 3 ROOMS INCLUDING A MAIN ROOM WITH BAR, ADDITIONAL ROOM AND ADJACENT GAME ROOM 2 BATHROOMS, STORAGE AREA INCLUDING A WALK IN COOLER, PANTRY AND COOLER AND A DECK AND PATIO

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142000024

CITY OR TOWN WEST STOCKBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2014

CLASS

YEAR

LICENSEE NAME: BERKSHIRE 32 MAIN RESTAURANT GROUP CORP

DOING BUSINESS AS OLIO

ADDRESS 32 MAIN STREET

CITY/TOWN: WEST STOCKBRIDGE STATE: MA ZIP CODE: 01266

MANAGER: KHALAF, JEAN G. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEW RESTAURANT AT 32 MAIN STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142000025

CITY OR TOWN WEST STOCKBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2014

CLASS

YEAR

LICENSEE NAME: SIX DEPOT LTD

DOING BUSINESS AS SIX DEPOT ROASTERY AND CAFÉ

ADDRESS 6 DEPOT STREET

CITY/TOWN: WEST STOCKBRIDGE STATE: MA ZIP CODE: 01266

MANAGER: LANDRY, LISA TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL AREA TO PURCHASE COFFEE/TEA..OUTDOOR SEATING/DINING

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

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(If disapproved explain)

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By:

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